## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must				
51957 7590 07/23/2008 ALLERGAN, INC. 2525 DUPONT DRIVE, T2-7H IRVINE, CA 92612-1599				have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				Monique M	1. Bu	ıtler	(Depositor's name)	
				m Bul			(Signature)	
				August 11, 2	<u> 2008</u>		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	R ATTORN		RNEY DOCKET NO.	CONFIRMATION NO.	
10/564,829	01/13/2006		David W. Old	1771		17710AP	3665	
TITLE OF INVENTION  APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	EE T	TOTAL FEE(S) DUE		
nonprovisional	NO	\$1440		<u> </u>			DATE DUE	
			\$300	\$0 1		\$1740	10/23/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	J				
GALLIS, DAVID E 1625  1. Change of correspondence address or indication of "Fee Address" (3)			514-327000					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF The ASSE NOTE: Unless the property of the PRINTED OF The ASSE NOTE: Unless the property of the PRINTED OF The ASSE NOTE: Unless the property of the PRINTED OF The ASSE NOTE: Unless the property of the PRINTED OF The ASSE NOTE: Unless the property of the PRINTED OF The ASSE NOTE: Unless the property of the PRINTED OF The Address of the P			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Brent A. Johnson					
recordation as set forth (A) NAME OF ASSIG	1111 37 CFK 3.11. COMp	fled below, no assignee letion of this form is NO.	data will appear on the part of the part o	issignment.			cument has been filed for	
Allerg	gan, Inc.	cateuories (will not be pri	Irvine, California  printed on the patent):					
			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 010885— (enclose an extra copy of this form).					
5. Change in Entity State						(cactose till	extra copy of this form).	
	SMALL ENTITY status		b. Applicant is no long	er claiming SMALL	ENTI	TY status. See 37 CFI	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if reque cords of the United State	ired) will not be accepted es Patent and Trademark	from anyone other than th	e applicant; a registe	ered att	orney or agent; or the	assignee or other party in	
Authorized Signature/Brent A. Johnson/			Date _August 11, 2008					
Typed or printed name Brent A. Johnson			Registration No51,851					
this form and/or suggestion	ns for reducing this burd rginia 22313-1450. DO 3-1450.	len should be sent to the	n is required to obtain or re .14. This collection is esti depending upon the indivi- Chief Information Officer OMPLETED FORMS TO	uai case. Any comi	ments o	on the amount of time	you require to complete	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.